

Classification

| REPORTS INVENTORY   |             |   |                  |   | CONTROL NO.  |  |
|---|-------------|---|------------------|---|--|--|
| PREPARE IN DUPLICATE  |             |   |                  |   | DDS/OC-009   |  |
| 1. TITLE OF REPORT (if a fill-in report include Form No.)   |             |   |                  |   | 2. TYPE OF REPORT  |  |
| Record Material Destruction Report (Form 2421)  |             |   |                  |   | <input checked="" type="checkbox"/> STATISTICAL<br><input type="checkbox"/> NARRATIVE<br><input type="checkbox"/> MACHINE-NAME LISTING |  |
| 3. FUNCTIONAL AREA  |             | PERSONNEL   |                  | TRAINING  |  |  |
|   |             | LOGISTICS   |                  | SECURITY  |  |  |
|   |             | MEDICAL   |                  | FINANCE   |  |  |
|   |             |   |                  | <input checked="" type="checkbox"/> ADMIN. GENERAL<br><input type="checkbox"/> OTHER (specify)<br><b>COMMUNICATIONS</b> |  |  |
| 4. NO. OF COPIES PREPARED   |             | 5. FREQUENCY (weekly, monthly, quarterly, etc.)   |                  | 6. DISTRIBUTION (No. of components not number of copies)  |  |  |
| 1   |             | Monthly   |                  | 1   |  |  |
| 7. FORMAT (memorandum, form computer print-out, etc)  |             | 8. ADP PROCESSING   |                  | 9. DIRECTIVE AUTHORITY REQUIRING REPORT   |  |  |
| Form  |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   |                  | <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO.<br><b>OC-RMS</b>  |  |  |
| 10. PREPARING COMPONENT (include lowest level contributing information to report)   |             | 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) |                  |   |  |  |
| OC-Admin  |             | OC-A Branches (verbal response)   |                  |   |  |  |
| 12. COST FACTORS  |             |   |                  |   |  |  |
| A. MANUAL PREPARATION AND REVIEW COSTS  |             |   |                  |   |  |  |
| GRADE   | HOURLY RATE | X   | HOURS PER REPORT | =   | COST PER REPORT  |  |
|   |             |   |                  | X   | TIMES PREPARED   |  |
|   |             |   |                  | =   | COST PER YEAR  |  |
| GS-06   | \$3.62      |   | 1/2 hr           |   | \$21.72  |  |
|   |             |   |                  |   |  |  |
|   |             |   |                  |   |  |  |
| B. COSTS OF COMPUTER PRODUCED REPORTS   |             |   |                  |   |  |  |
|   |             |   |                  |   |  |  |
|   |             |   |                  |   |  |  |
| TOTAL COSTS PER YEAR  |             |   |                  |   |  |  |
| 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. |             |   |                  |   |  |  |
| Report was begun in 1965. It is required in order that OC-RMS can report to DDS/Records Management Staff the total number of linear feet destroyed by OC.   |             |   |                  |   |  |  |
| 14. FUTURE GOALS  |             |   |                  |   |  |  |
| GOAL PROPOSED BY COMPONENT FOR THIS REPORT  |             |   |                  | ESTIMATED SAVINGS   |  |  |
| <input checked="" type="checkbox"/> RETAIN AS IS<br><input type="checkbox"/> CHANGE<br><input type="checkbox"/> DISCONTINUE   |             |   |                  | <input type="checkbox"/> OTHER (explain)  |  |  |
|   |             |   |                  | MAN-HOURS   |  |  |
|   |             |   |                  | DOLLARS   |  |  |
| 16. DATE OF INVENTORY   |             | 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION   |                  |   | 18. EXTENSION  |  |
| 6 Oct 70  |             |   |                  |   |  |  |